

Elija. Bourman

Town

County

Died at

Melrose

Carroll

MARYLAND

Date 1903 May 1 Y. 80 M. 11 D. 10 Native of Maryland Occupation

~~Male~~

White

Married

Widow

~~Parent~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband

Wife of

Father's

Name

Mother's

Name

Cause of

Primary

Brights disease & Eripsy

How long sick

18 da's.

Death

Immediate

Uremic Coma

Accident, Suicide, Homicide

Reported by

John V. Siegler M.D. 120

Address

Melrose Md.



Name
in
Full

Dewey

Bryer

80

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Union Bridge</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>May</u>	Day <u>6</u>	Age <u>5</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>Frank Bryer</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Annie Lynn</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Frank Bryer</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Rubeola</u>	<u>Scrophulous</u>	How long <u>4 weeks</u>
Immediate <u>Pneumonia and Abscess</u>	<u>Diathesis</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. L. Fair M.D.</u>	
	Address <u>Union Bridge Md.</u>	
Accident or Suicide? <u></u>		

Frank J. Shiner
Mount Union

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Buffington

Town

Westminster

County

Carroll

MARYLAND

Died at

Date

of death 1903

Month

May

Day

28

Years

Age

79

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Not Known

Father's
BirthplaceMother's
Maiden Name

Not Known

Mother's
BirthplaceName of person giving
Information

J. Englar

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Old age

154

How long

79 years

Immediate

Congestion Lungs

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

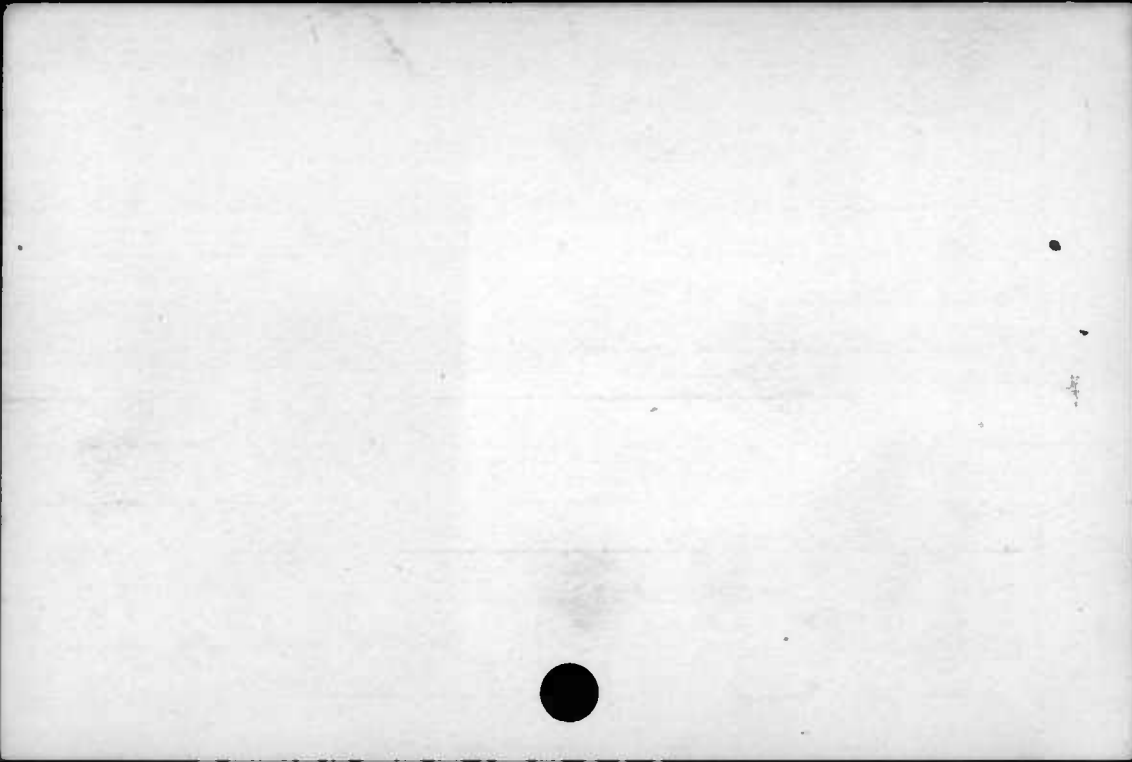
Address

Jas. H. Billingslea M.D.
Westminster Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Daniel Burns

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *near Westminster*

Date

of death 190

3

Month

May

Day

26

Age

Years

84

Months

11

Days

26

Sex

Male

Color or
Race

White

Birth-
place

Westminster

Married, Single
or Widowed

Widower

Occupation

Retired

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

David Burns

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

93

How long

1 week

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. J. H. H. H.
Westminster

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

St Benjamin's
Kneels

Name In Full

Certificate of Death

Barrington, William, Lester -

Town

County

Died at Newryville Carroll

MARYLAND

Date	10-19-08	Month	5	Day	5	Y.	2	M.	1	D.	1	Native of	Ind	Occupation	-
Male		White		Married		Widow		Disseced		Number of children living					
Female		Colored		Single		Widower									

Husband of

Wife

Father's Name Henry Barrington

Mother's Name Sarah Barrington

Cause of Primary

Measles

6

How long sick

6 or 7 days

Death Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Frank Lucas MD

Address

Newryville, Ind -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

864

Edward Walker Craft

Died at <i>Eldersburg</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>24th</i>	Age <i>36</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Gertrude R. Frost</i>					
Father's Name <i>Philip Craft</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Katherine Elizabeth</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Herman D. Graue</i>			How related to deceased		

CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>1 yr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. G. Gorsch.</i>
	Address <i>Gamber Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Bathurst

Certificate of Death

Tow

County

MARYLAND

Died at

Town
Mar Sykesville

County *Flarrall*

Math

Day

Y.

M.

D.

Native of

Occupation

Date _____

1903

Then

14

Age

5 months

后

Female

Colored

Single

~~WILSON~~~~Number of children living~~

of

Father's

Name _____

Augustus Dorsey

Mother's

Name _____

Bertha Kuchbottom

Cause of

Primary

Did not visit the Case but

Death

Immediate

from history of the child I learned that he was

Reported by

Address

W. H. Pfefferger
Sykesville Md

179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65889

Name
in
Full

Audrey Ennor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death 190		3	Month	6	Day	2	Years	Months	Days		
Sex		Female		Color or Race		White		Birth-place		New Windsor	
Married, Single or Widowed						Occupation					
Name of Wife or Husband											
Father's Name						Father's Birthplace					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving information						How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	meningitis	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

Dr Geo H Brown
was in Attendance

Marian A. Fifer

Town

County

Died at Springfield State Hospital Sykesville Carroll Co. MARYLAND

Date 1903 Month 5 Day 25 Y. M. D. Age 36 Native of Md. Occupation None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband
Wife of —

Father's Name Not known

Mother's Name Annie C. Fifer

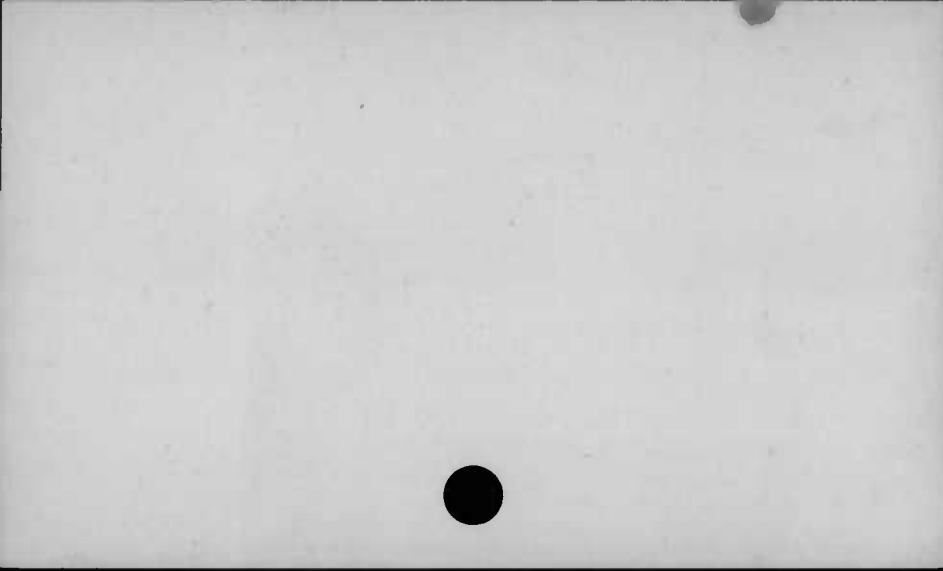
Cause of Death { Primary Phtisis Pulmonalis
Immediate Exhaustion

How long sick six weeks

~~Accident, Suicide, Homicide~~

Reported by John Norfolk Morris M.D.

Address Sykesville, Carroll Co. Md.



Name
in
Full

Charles Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

360

Died at <i>near Westminster</i>		Town <i>Barroale</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>8</i>	Age <i>18</i>	Years <i>7</i>	Months <i>15</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Barroll Co.</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband							
Father's Name <i>Dead</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Jesse Storer</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>93</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Herring</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Cattolus Church

Name in Full

Certificate of Death

Harvey Theodore Calistus Froidinger

Town

County

Died at Manchester dist. Carroll

MARYLAND

1903
Date 189

Month Day Y. M. D. Native of Occupation
May 8th Age 1 - 22 Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's
Name Theodore Froidinger

Mother's
Name Amelia Harchuk chul

Cause of Death { Primary Pneumonia 93
Immediate " Convulsions

How long sick 6 day's
Accident, Suicide, Homicide

Reported by John S. Zieffler M.D.

Address Melrose Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Frisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Westminster		Carroll					
Date	Month	Day	Age	Years	Months	Days	
of death 1903	May	1st	38				
Sex	Male	Color or Race	Colored	Birth-place	Westminster		
Married, Single or Widowed	Married		Occupation	Laborer			
Name of Wife or Husband	Mary Bale						
Father's Name	Harrison Frisby			Father's Birthplace	Sykesville		
Mother's Maiden Name	Eliza Barnhart			Mother's Birthplace	Virginia		
Name of person giving information	Mary Frisby			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	about 2 yrs
Immediate	Obstruction	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Wend Wellborn		
	Address		
	Westminster		
	Md		
Accident or Suicide?			



Name In Full

Certificate of Death

Annie E. Frock

Town

County

Died at

Deep run

of Carroll

MARYLAND

Data 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 25

Age

83 yrs 20 days

Farmers wife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 6

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Henry Frock

Michael Frock

Bish

Cause of

Primary

Death

Immediate

Mitral Stenosis

How long sick

3 1/2 years

Accident, Suicide, Homicide

Reported by

Chas. A. Heagy

Address

Pleasant Hill

York Co. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

C. A. Heagy / M.D.

LIBRARY BUREAU, 70008



Name
in
Full

Isaiah Simon Fries.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>D. P. Crest</i> - <i>Carroll</i> County		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>May</i> ^{Day} <i>9</i> - ^{Years} <i>65</i> .	^{Months} <i>3</i>	^{Days} <i>12</i>	
Sex <i>Male</i>	Color or Race <i>White, American</i>	Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Sarah Adelaide Whitmore.</i>			
Father's Name <i>Jacob Fries.</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Rachael Mintzer</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Jacob D. Fries.</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis, acute</i>	How long <i>9 days</i>
Immediate <i>Pneumonia.</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. H. Diller</i>
	Address <i>D. P. Crest,</i> <i>Maryland-</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Mary Elizabeth Gardner

Died at ^{Town} Harney ^{County} Carroll MARYLAND

Date 1903 May 6 Age 3 1 14 Native of MD Occupation _____

☒ Male ☐ White ☐ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living 2

Husband ^{at} Daughter of Dr. Ed Mrs. Jos. H. Gardner

Father's Name Joseph H. Gardner Mother's Name Estella Shornaker

Cause of Primary Measles Ed Pneumonia How long sick 2 weeks

Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by G. H. Seiso. M.D.

Address Gauleytown. MD.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name in Full

Manda Gummel

Town

County

Died at

Manchester Carroll

MARYLAND

Date 189-1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 8th

Age

61 2 21

America Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

George Gummel

Jacob Gingham

Mother's

Name

Catherine Snyder

Primary

Liver and Spleen Dis.

How long sick

8 months

Immediate

Leucemia

53

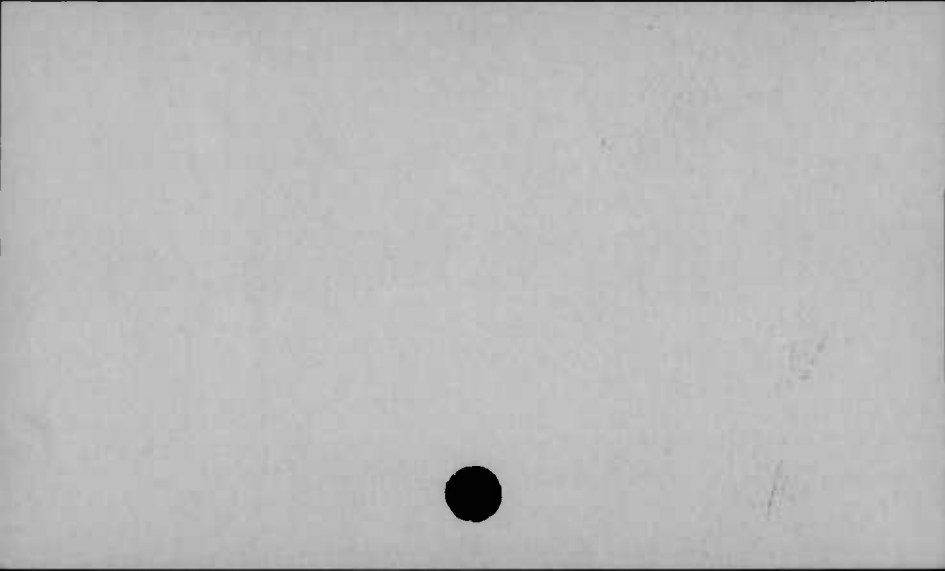
Accident, Suicide, Homicide

J. F. B. Weaver

Manchester

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gertrude DeVries Hering

Town

County

Died at near Sykesville Carroll

MARYLAND

Date 1903 May 26 Age - - 19 Native of Md. Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Number of children living~~

Husband of

Wife

Father's

Name

D. Roby Hering

Mother's

Name

Carrie DeVries

Cause of

Primary Premature Birth 7 mos.

How long sick

19 days

Death

Immediate Icterus (Congenital)

~~Accident, Suicide, Homicide~~

Reported by

M D Morris, M.D.

Address

Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name

in
Full

CERTIFICATE OF DEATH

Elizabeth Hoffman

Died at ^{Town} *near Sandysville*

County

Carroll

MARYLAND

Date

of death 190

3

Month

May

Day

18

Age

Years

18

Months

3

Days

Sex

*Female*Color or
Race*white*Birth-
place*Maryland*Married, Single
or Widowed*Single*

Occupation

Name of Wife or
HusbandFather's
Name*John G Hoffman Jr*Father's
Birthplace*Maryland*Mother's
Maiden Name*Annie G. Gardner*Mother's
Birthplace*Do*Name of person giving
In formation*John G Hoffman*How related
to deceased*Grandfather*

CAUSES OF DEATH

Primary

Meningitis

How long

61

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*T. J. Coonan*

Address

Westminster

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

German Lutheran church

Name
in
Full

CERTIFICATE OF DEATH

Henry Kane

Town

County

Died at

Date

of death 1903

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

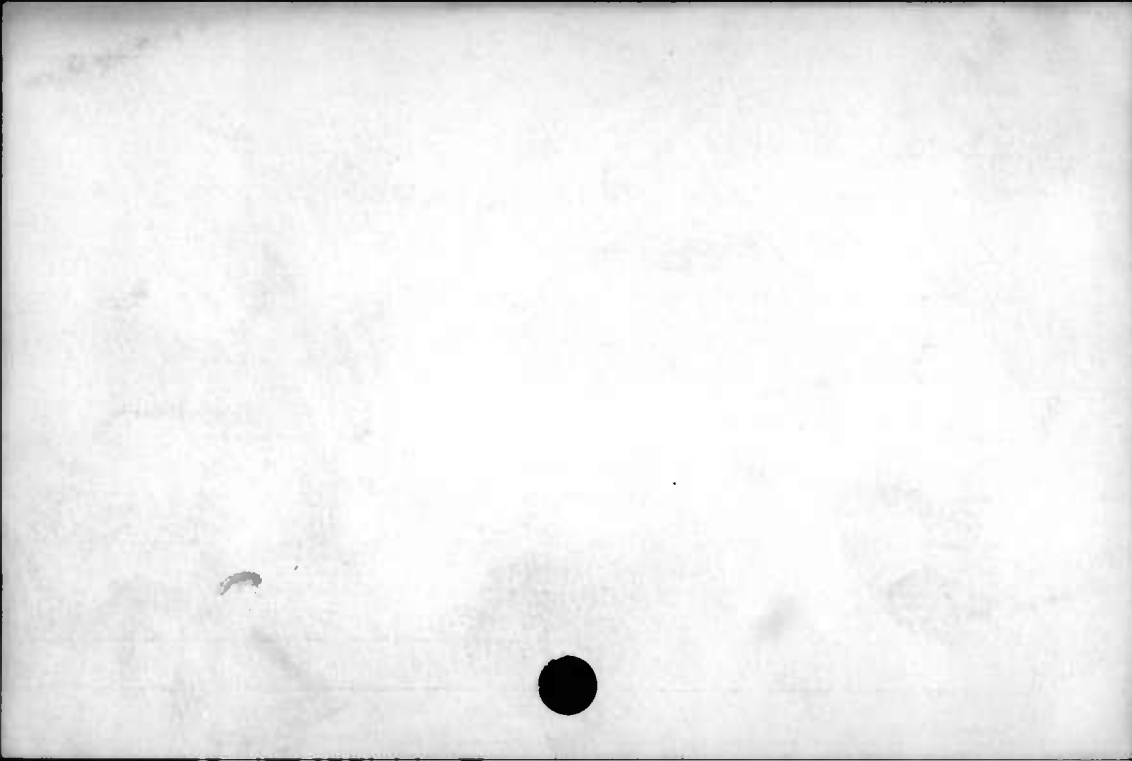
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full *Jennie Kennel*
 Died at *near Sams Creek* Town *Carroll* County *MARYLAND*

Date *1903* Month *5* Day *19* Y. *27* M. *10* D. *20* Native of *Ind.* Occupation *Housewife*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

~~Husband~~ of *Howard Kennel*
 Wife
 Father's Name *Geo. Bair* Mother's Name *Anna Bair*

Cause of Death { Primary *Consumption* How long sick *2 yrs. 6 mo.*
 { Immediate *Chest Failure* ~~Accident, Suicide, Homicide~~

Reported by *J. P. Watz & Son Undertakers*
 Address *Winfield Ind.*



Name
in
Full

CERTIFICATE OF DEATH

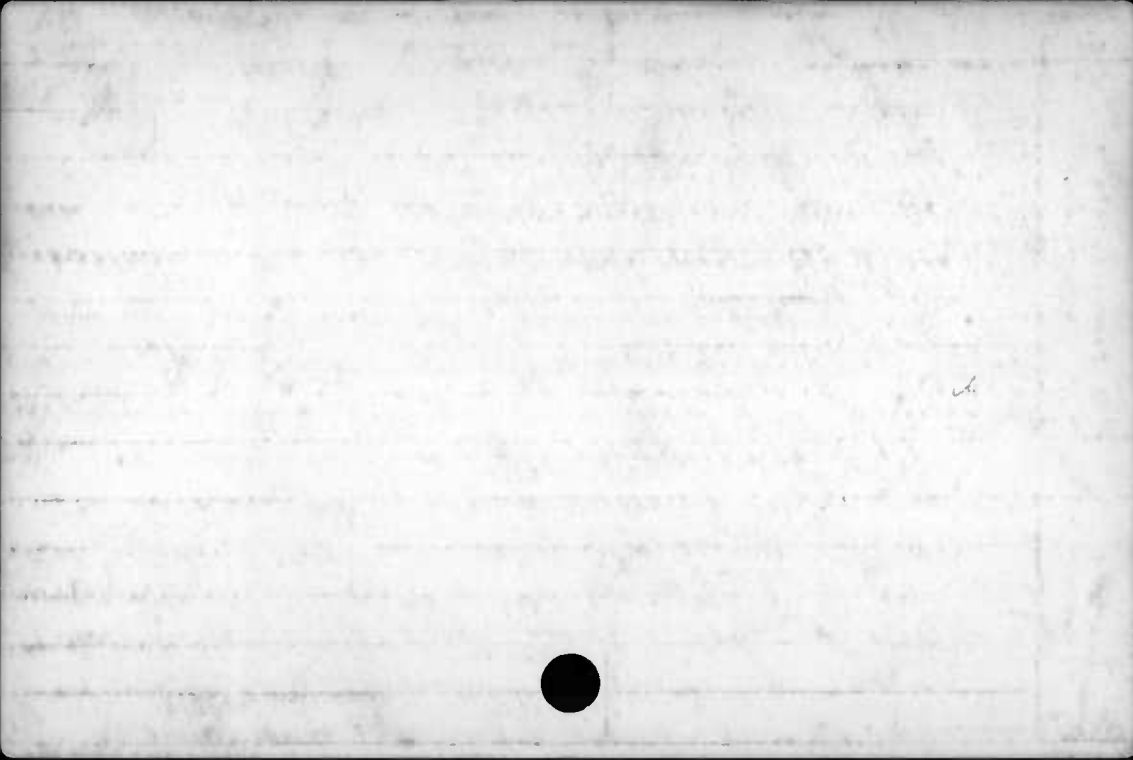
TO BE ANSWERED, BY
NEAREST FRIEND

Name <i>Isaac Riler</i>		Town <i>Denning</i>		County <i>Carroll</i>		MARYLAND									
Died at		Date of death 190 <i>3</i>		Month <i>May</i>		Day <i>7</i>		Age <i>70</i>		Years <i>1</i>		Months <i>11</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>											
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>													
Name of Wife or Husband															
Father's Name															
Father's Birthplace															
Mother's Maiden Name															
Mother's Birthplace															
Name of person giving In formation <i>Family</i>		<i>1920</i>		How related to deceased											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>one year</i>	
Immediate <i>Bright's Disease</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C P Baile</i>	
		Address <i>New Windsor Ind</i>	
Accident or Suicide? <i>No</i>		<i>Dr F F Brooks was in attendance</i>	



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

~~Female~~~~Colored~~~~Single~~~~Widower~~

none

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Kraft, Keller. E.

Town

County

Died at

Eldersburg

Carroll

MARYLAND

Date 1903 -

Month

Day

Y.

M.

D.

Native of

Occupation

1903 -

5 - 24

Age 36

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband
of

Who

Kraft

Father's

Name

Kraft

Mother's

Name

Esther Kraft

Cause of

Primary

Acute Intestinal Myelitis

How long sick

10 days

Death

Immediate

Uremia

Accident, Suicide, Homicide

Reported by

W. Frank, Lucas MD

Address

Tylersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Jane Blessinger

Town

County

Union Mills Carroll

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

5-3

Age

50 6 3

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6-

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Sam'l. J. Blessinger

Jacob Humbert

Catharine Geiser

Cause of

Primary

How long sick

6 mo -

Death

Immediate

Dropsy 177

Accident, Suicide, Homicide

Reported by

Dr. J. J. Stewart

Address

Union Mills Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Langer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* Town *Carroll* County
 Date of death 190 *3* Month *May* Day *21* Age *92* Years Months *1* Days *28*
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Married, Single or Widowed *Widower* Occupation *Retired Farmer*
 Name of Wife or ~~Husband~~ *Susanna Schaffer*
 Father's Name *Casper Langer* Father's Birthplace *Maryland*
 Mother's Maiden Name *Mary Fisher* Mother's Birthplace *Ida*
 Name of person giving information *O & J Langer* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Old age* How long *months*
 Immediate *Genl. debility* *154* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Jas. H. Pilling M.D.*
 Address *Westminster Md.*
 Accident or Suicide? *no*

Adriano



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Stephan H. Lightner

Town

County

Died at

Westminster

Carroll

MARYLAND

Date

of death 1903

Month

May

Day

18

Age

Years

78

Months

Days

Sex

male

Color or
Race

colored

Birth-
place

Md.

Married, Single
or Widowed

widower

Occupation

none

Name of Wifa or
HusbandFather's
Name

don't know

Father's
BirthplaceMother's
Maiden Name

don't know

Mother's
BirthplaceName of person giving
in formation

Joseph Wilcox

How related
to deceased

not related

CAUSES OF DEATH

Primary

Rheumatism.

How long

many years

Immediate

Heart Failure.

How long

8 or 4 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

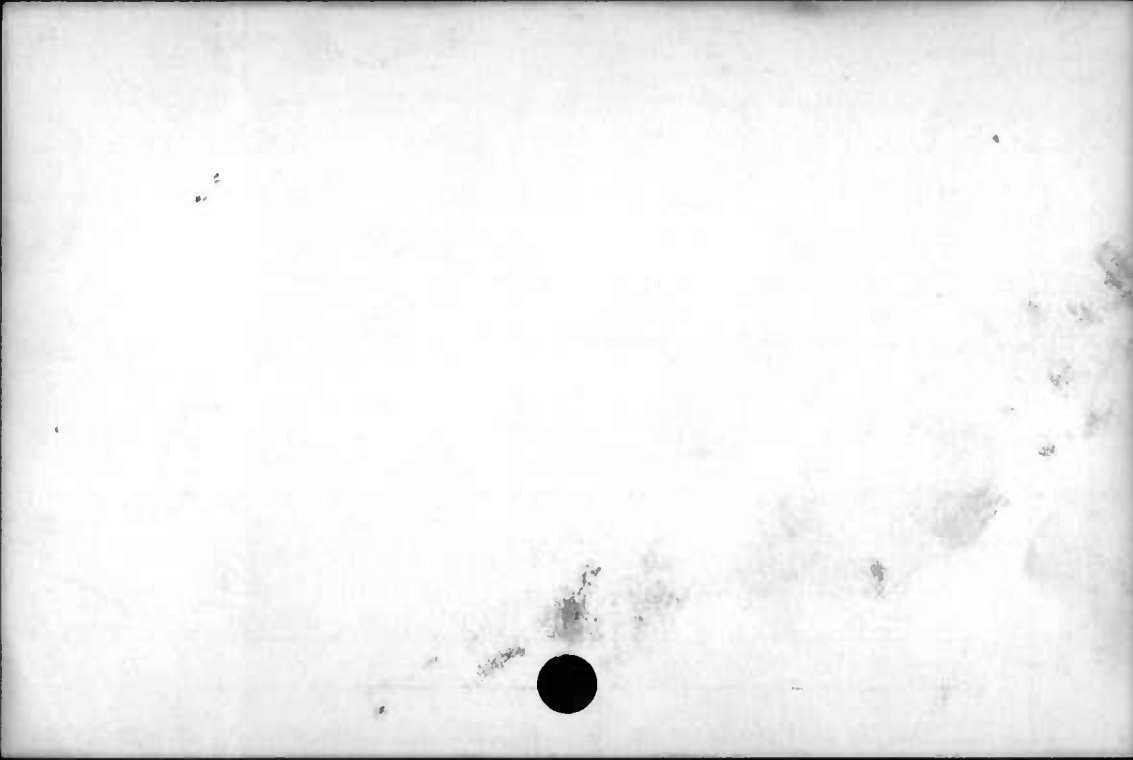
Address

Chas. R. Faith, M.D.

Westminster

Accident or Suicide?

Md.



Name
in
Full

CERTIFICATE OF DEATH

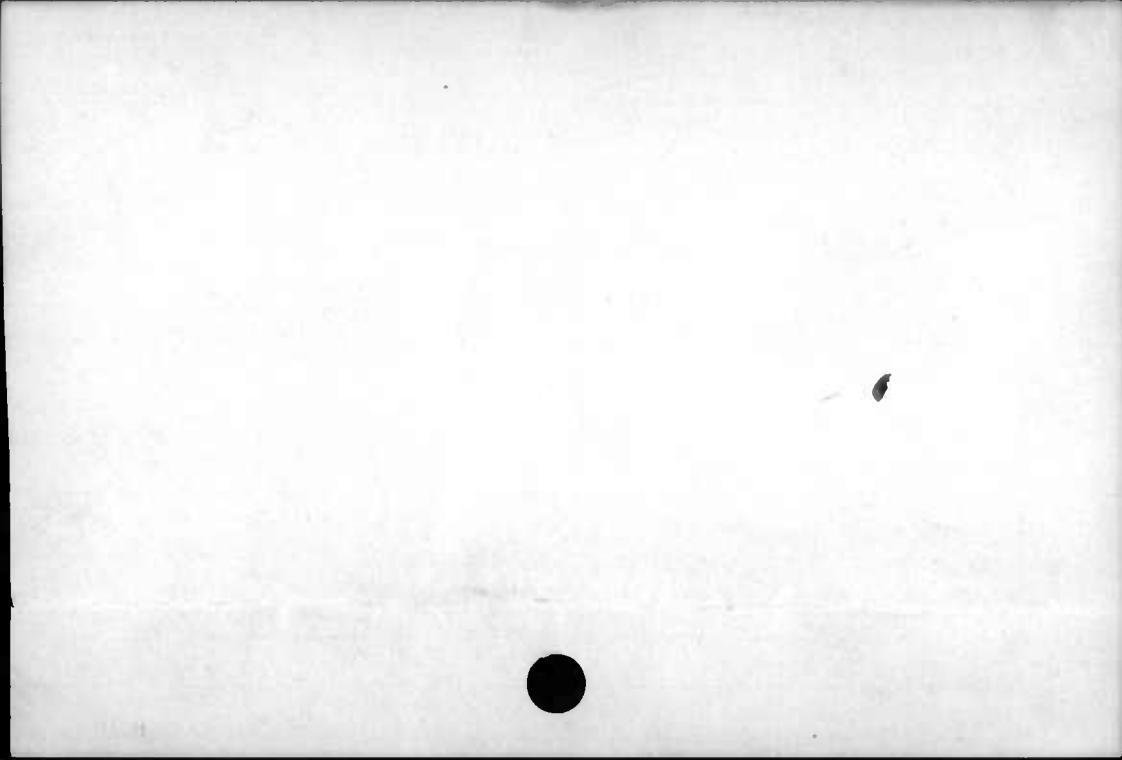
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George W. Morelock</i>		Town <i>Near Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Near Westminster</i>		Month <i>May</i>		Day <i>18</i>		Months <i>3</i>	
Date of death 190 <i>3</i>		Age <i>62</i>		Years <i>62</i>		Days <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Lydia Viola Stern</i>							
Father's Name <i>Michael Morelock</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Froch</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Albert L. Morelock</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

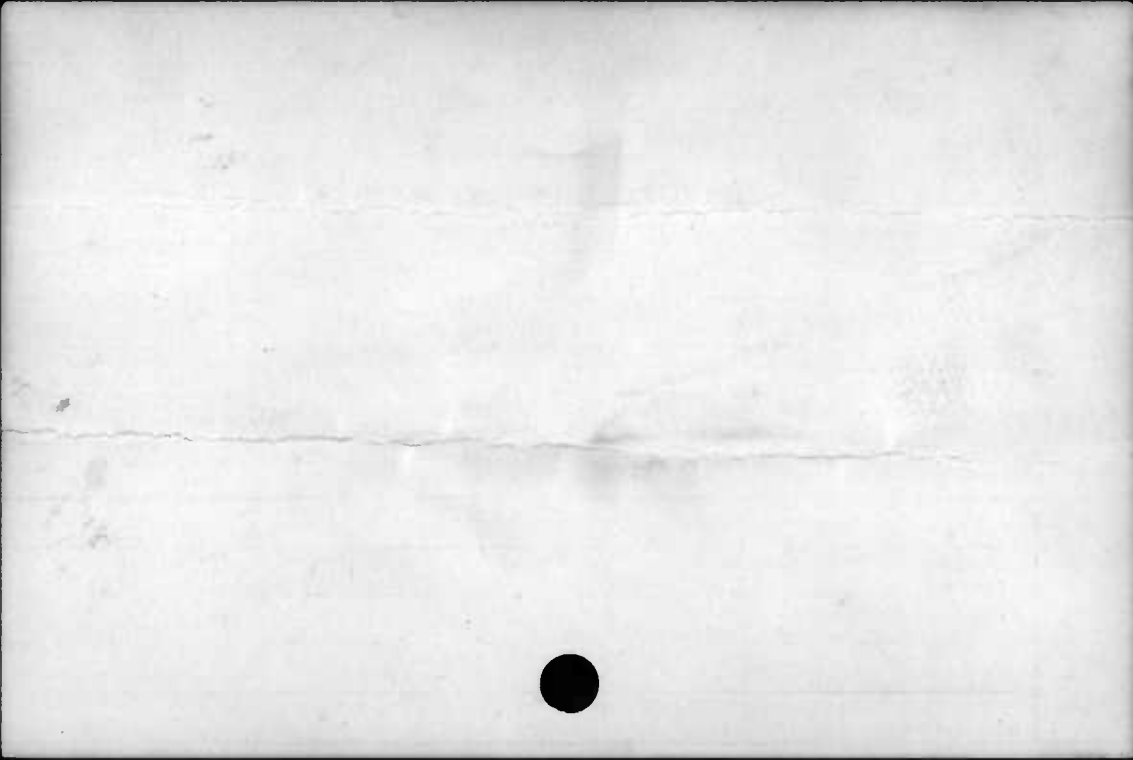
Primary <i>debility (renal,)</i>	How long <i>about 2 years</i>
Immediate <i>Apoplexy</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Chas. R. Foutz M.D.</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>no</i>	



Name in Full		358				Susanna B Morelock				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		near <u>Brunswick</u>		County		<u>Carroll</u>		MARYLAND			
		Date of death 190		3		Month		<u>May</u>		Day		<u>19</u>	
		Age		Years		<u>70</u>		Months		<u>11</u>		Days	
		Sex		<u>Female</u>		Color or Race		<u>white</u>		Birth- place		<u>Maryland</u>	
		Married, Single or Widowed		<u>Married</u>		Occupation							
		Name of Wife or Husband		<u>Samuel Morelock</u>		Father's Name		<u>John. Babylge</u>		Father's Birthplace		<u>Maryland</u>	
		Mother's Maiden Name		<u>Catharine Smith</u>		Mother's Birthplace		<u>Ido</u>		How related to deceased		<u>Daughter</u>	
Name of person giving In formation		<u>Agnes M. Morelock</u>											
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		<u>Paralysis</u>		How long		<u>7 months</u>					
		Immediate		<u>"</u>		How long		<u>66</u>					
		Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician		<u>Jos. J. Hering</u>					
						Address		<u>Westminster</u>					
		Accident or Suicide?											

Primer

Name in Full Goldie P. Myers		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Frederick Town		County Carroll
	Date of death 190 3 Month 5 Day 3		Age 20 Years Months 6 Days 23
	Sex Female	Color or Race White	Birth-place Ind
	Married, Single or Widowed Single		Occupation
	Name of Wife or Husband		
	Father's Name A. Myers	Father's Birthplace Ellen Ind	
	Mother's Maiden Name David E. Myers	Mother's Birthplace Ind	
Name of person giving information David E. Myers		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Substance		How long 17 Wks.
	Immediate 27		How long "
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Luther Kemp, M.D.
			Address Uniontown Ind,
	Accident or Suicide?		



Jno. F. H. Myers
 Died at ^{Town} Middleburg ^{County} Carroll MARYLAND

Date 1903 Month 5 Day 6 Age — 82 1/2 Native of Carroll Co. Md. Occupation Md.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living —

Husband of _____
 Wife

Father's Name H. W. Myers Mother's Maiden Name S. L. Haran

Cause of Death { Primary Meningitis 61 How long sick 2 wks.
 { Immediate Accident, Suicide, Homicide

Reported by H. Lumbert Broun A. W.
 Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edgar-alt- Nau

Died at Taneytown Town Carroll County MARYLAND

Date 19 03 Month 5 Day 23 Age 8 23 Y. M. D. Native of md. Occupation _____

Male White ~~Married~~ Widow ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living 1

Husband of _____
 Wife of _____
 Father's Name Morris A. Nau Mother's Name Sarah E. Wolf
 Maiden Name _____

Cause of Death { Primary Enteritis - 105 How long sick 1 week
 Immediate Convulsions - Accident, Suicide, Homicide

Reported by F. H. Seiss, M.D.
 Address Taneytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

351

George Washington Ogg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East View ^{Town} Cumby ^{County} MARYLAND
Date of death 190 3 ^{Month} May ^{Day} 19 ^{Years} 65 ^{Months} 1 ^{Days} 13
Sex Male Color or Race White Birth-place Maryland
Married, Single or Widowed Married Occupation Farmer
Name of Wife Laura J. Williams
Father's Name George Ogg Father's Birthplace Maryland
Mother's Maiden Name Elizabeth Caffell Mother's Birthplace Ido
Name of person giving information George C Ogg How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 6 months
Immediate Heart Disease How long 16 years
Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician Wm D. Williams
Address W. Williamsburg
Accident or Suicide? ☐

Dear Poot & Charles

Name
in
Full

36/ Charles Ruthrauff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death 190 3		Month May		Day 10		Age Years 10	
Sex Male		Color or Race white		Birth- place Westminster		Months Days	
Married, Single or Widowed Single		Occupation —					
Name of Wife or Husband							
Father's Name Peter Ruthrauff				Father's Birthplace Virginia			
Mother's Maiden Name Fannie Blair				Mother's Birthplace "			
Name of person giving Information Peter Ruthrauff				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Spasms and 71		How long	
Immediate Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician James M. Stover	
		Address Westminster Md	
Accident or Suicide?			

St Benjamin

Siesler, Effie

Town

County

Died at Springfield Hospital, Lykesville, Carroll

MARYLAND

Date 1903 5th 23 Age 23 Native of Ind Occupation Housekeeper

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of —

Wife

Father's Name William Siesler

Mother's Maiden Name

Mulliken (Susan A.)

Cause of Primary Meningitis

Death Immediate Exhaustion

How long sick

One month

~~Accident, Suicide, Homicide~~

Reported by J. Clement Clark, M.D.

Address Lykesville Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Frank, Earl, Dix

CERTIFICATE OF DEATH

358

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fryzelburg		County Carroll		MARYLAND	
Date of death 190 3		Month May	Day 2	Age	Years	Months 6	Days 15
Sex Male		Color or Race white		Birth- place Pittsburg			
Married, Single or Widowed Single		Occupation					
Name of Wife or Husband							
Father's Name Frank Dix				Father's Birthplace Frederick			
Mother's Maiden Name Maggie Brown				Mother's Birthplace Fryzelburg			
Name of person giving In formation Frank Dix				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough & Convulsions	How long	about 3 weeks
Immediate		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. R. Foutz, M.D.	
Address		Westminster	
Accident or Suicide?		no	



Name in Full

Certificate of Death

Edgar Allen Wautz

Town

County

MARYLAND

Died at

Near Keyville

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

5

5

Age

XX 1

md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

None

~~Husband~~~~Wife~~

Father's

Name

Mother's

Maiden Name

Son of Mr. & Mrs. Chas. R. Wautz

Chas. R. Wautz

Mary E. Deen

Cause of

Primary

Premature birth.

How long sick

One day

Death

Immediate

Impersonal 151
L. A. Davis, M.D.~~Accident, Suicide, Homicide~~

Reported by

Address

Taneytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

md.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

5 - 11

Age

- - 10

MD

-

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Premature Birth 151

How long sick

10 days

Death

Immediate

Marasmus

~~Accident, Suicide, Homicide~~

Reported by

Marion Lucas MD

Address

Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79995



Name in Full

Certificate of Death

John Storno Woodward

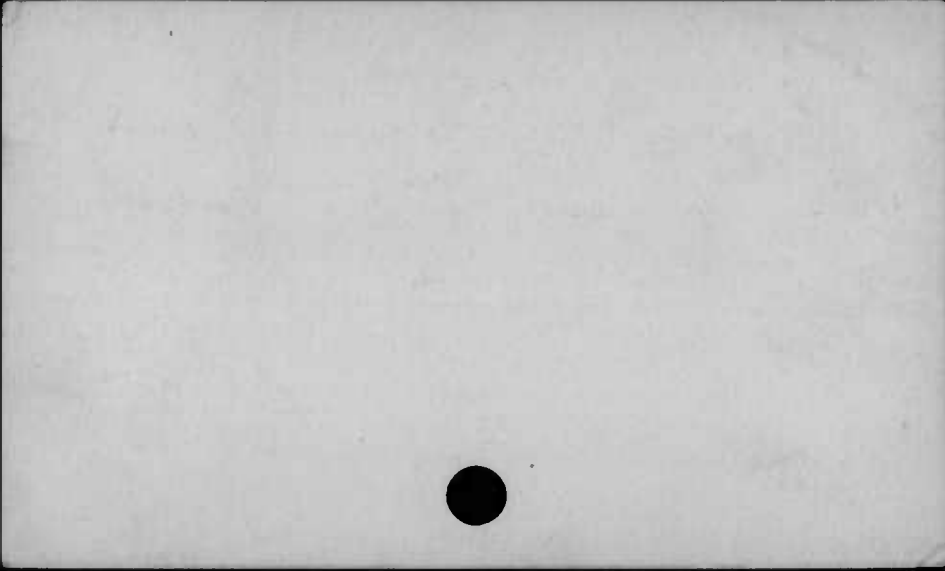
Died at ^{Town} Watersville ^{County} Carroll

MARYLAND

Date 19 03 ^{Month} May ^{Day} 2 ^{Y.} 19 ^{M.} 03 ^{D.} 03 ^{Native of} Watersville, Md. ^{Occupation} FarmerAge 35
Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☒ Divorced ☐ Number of children living 2Husband
of
WifeFather's Name Sam. Woodward Mother's Name Ida V. Grinn
Maiden Name Ida V. GrinnCause of Death { Primary Typhoid Fever | How long sick 5 1/2 weeks
Immediate Typhoid Fever | Accident, Suicide, HomicideReported by J. WoodwardAddress Watersville, Md. Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in Full36³

Rosa May Woolery

CERTIFICATE OF DEATH

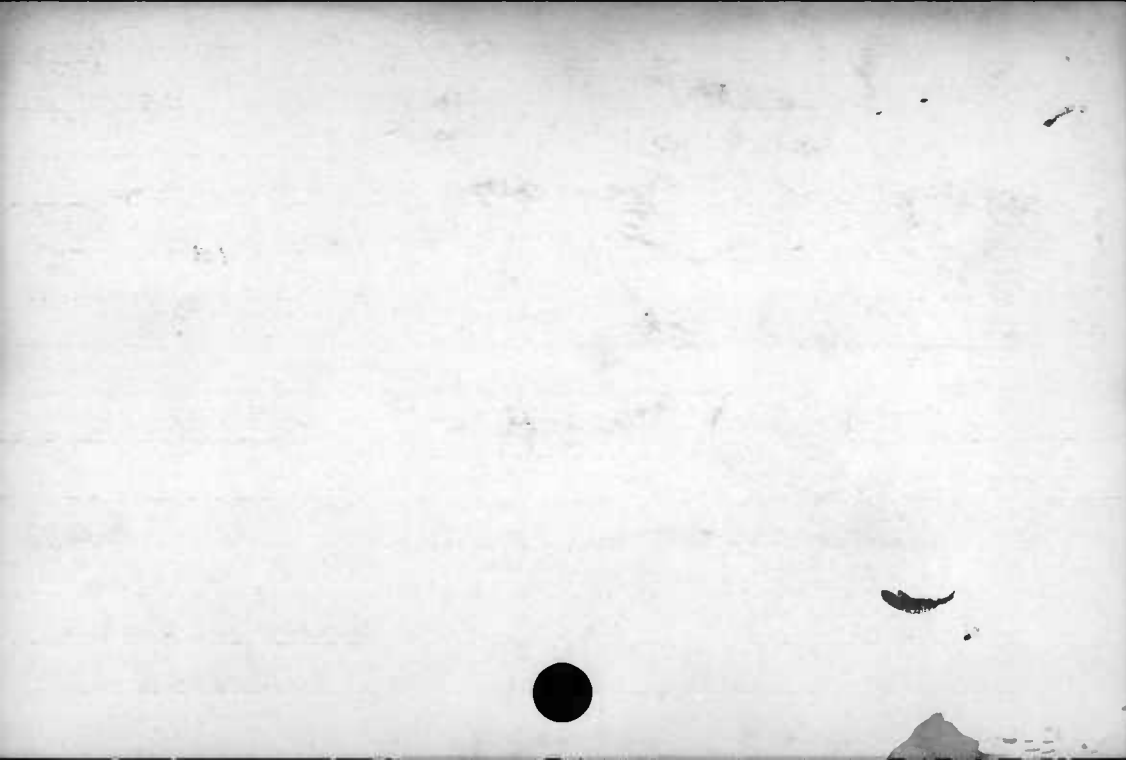
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death 190	3	Month May	Day 23	Age 37	Years 9	Months 26	Days 26
Sex Female		Color or Race White		Birth-place Bruceville Md			
Married, Single or Widowed		Married		Occupation Housekeeper			
Name of Wife or Husband John W. Woolery							
Father's Name Henry Hahn				Father's Birthplace Bond, Tenn			
Mother's Maiden Name Mary Stultz				Mother's Birthplace " "			
Name of person giving Information John Woolery				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart-Disease	How long	Two minutes
Immediate	Apoplexy	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John D. Wells M.D.	
		Address Westminster Md	
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

Her Uong

CERTIFICATE OF DEATH

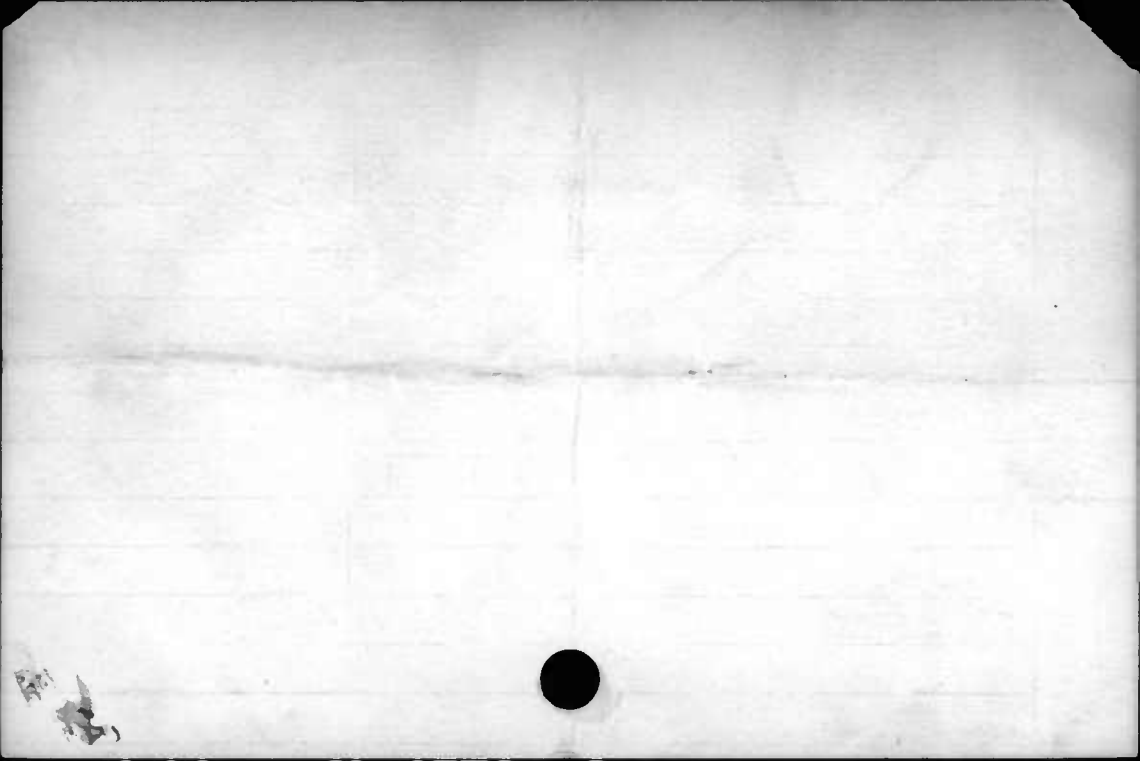
Died at		Town		County		MAYLAND	
Date of death 1903		Month 5	Day 2	Age 45	Months	Days	
Sex	male	Color or Race	Yellow	Birth-place	China		
Married, Single or Widowed	Occupation		Lacemaker Wood				
Name of Wife or Husband							
Father's Name				Father's Birthplace China			
Mother's Maiden Name				Mother's Birthplace China			
Name of person giving information				Hospital records		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute mania	68	How long	about 6 months
Immediate	Acute Gastritis		How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		No		

Chas J. Carey
Sykesville Md



Name In Full

Certificate of Death

John Leonardo Zile

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

5-25

Age

4 13

Md.

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Jacob R. Zile

Ladie V. Stoner

Cause of

Primary

Catarrhal Pneumonia

How long sick

6 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Luther Kemp MS 8/2

Address

Uniontown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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